

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
COMMISSION DIRECTIVE**

ADMINISTRATIVE MATTER

☐

DATE

November 15, 2019

MOTOR CARRIER MATTER

☐

DOCKET NO.

2009-84-A

UTILITIES MATTER

☒

ORDER NO.

2019-776

THIS DIRECTIVE SHALL SERVE AS THE COMMISSION'S ORDER ON THIS ISSUE.

SUBJECT:

DOCKET NO. 2009-84-A - Annual Report Form Revisions - Staff Presents for Commission Consideration the Office of Regulatory Staff's Request for Approval of the Revised Transportation Annual Report Forms and Cover Letter for Distribution to Affected Stakeholders.

COMMISSION ACTION:

The Office of Regulatory Staff has submitted a 2020 Transportation Annual Report Notification Letter and a 2019 Transportation Annual Report for Household Goods & Hazardous Waste form for approval by the Public Service Commission. I move that we approve both forms with the following edit:

The SCPSC contact at the end of the second sentence on the last paragraph should read, "...and the Public Service Commission of South Carolina at contact@psc.sc.gov /803.896.5100."

I further move that ORS e-file copies of both documents with the proposed change.

PRESIDING: RandallSESSION: Regular

TIME: 2:00 p.m.

	MOTION	YES	NO	OTHER	
BELSER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
ERVIN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		voting via telephone
HAMILTON	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HOWARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Absent</u>	Commission Business
RANDALL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
WHITFIELD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
WILLIAMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		voting via telephone

(SEAL)

RECORDED BY: J. Schmieding



Memorandum



TO: South Carolina Regulated Transportation Carriers

SUBJECT: 2019 Transportation Annual Report

DATE: January 30, 2020

Pursuant to S.C. Code Ann. Regs. Chapter 103, all regulated utility companies are required to file an Annual Report of South Carolina operations with the S.C. Public Service Commission (PSC) and the Office of Regulatory Staff (ORS) no later than April 1, 2020. If your company has a fiscal year end other than December 31, 2019, the report is due three months after the end of your fiscal year; however, you must notify the PSC and ORS of your company's fiscal year end date.

In lieu of mailing a paper copy of the annual report form to each company, ORS is requesting that transportation carriers download the 2019 Transportation Annual Report form from the ORS' website. The Annual Report is available in a fillable PDF format at ors.sc.gov under Regulated Utilities, Transportation, Class E, Household Goods/Hazardous Waste, Transportation Annual Report for Household Goods & Hazardous Waste.

Effective immediately, pursuant to Order No. 2019-706 in Docket No. 2009-84-A, one copy of the Annual Report should be submitted to the PSC email address AnnualReports@psc.sc.gov. In addition, one electronic copy should be retained by the Company. Filing this electronic copy with the PSC will satisfy your responsibility for submitting an annual report as required pursuant to PSC regulations.

If you have any difficulties accessing or completing the 2019 Transportation Annual Report, please contact Thomas McGill at tmcgill@ors.sc.gov/803.737.0863 or Jenna Sarrell at jsarrell@ors.sc.gov/803.737.0896. If you have a fiscal year end date other than December 31, 2019, or if you require an extension of time to file, please inform both Jenna Sarrell with the Office of Regulatory Staff at jsarrell@ors.sc.gov/803.737.0896 and Gwen Richardson with the S.C. Public Service Commission at gwen.richardson@psc.sc.gov/803.896.5504. Thank you for your prompt attention and cooperation in this matter.

A handwritten signature in cursive script that reads "Jocelyn Boyd".

Jocelyn Boyd
Chief Clerk/Administrator
Public Service Commission of SC

A handwritten signature in cursive script that reads "Nanette S. Edwards".

Nanette S. Edwards
Executive Director
SC Office of Regulatory Staff

Transportation CARRIER ANNUAL REPORT

HOUSEHOLD GOODS & HAZARDOUS WASTE CARRIERS OF

Exact Legal Name of Respondent (Include DBA Name if Applicable)

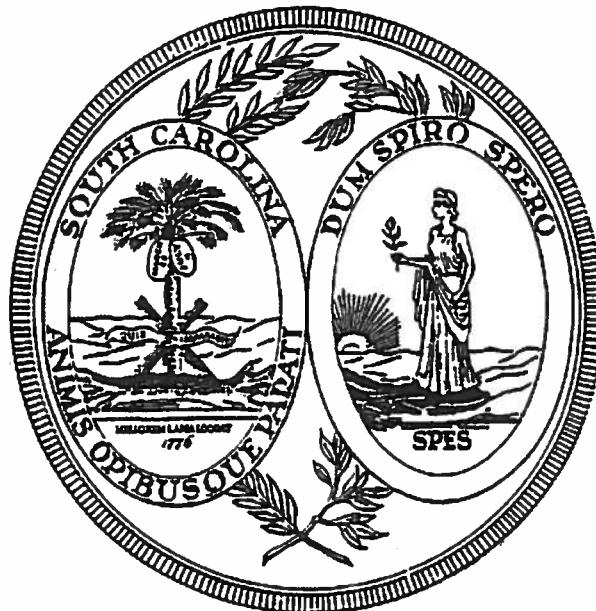
PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2019

☐ Calendar Year Ending December 31, 2019

or

☐ Fiscal Year Ending _____



Company Information

Identification and Contact Information

Date: _____

Check: ☐ Limited Liability Co. ☐ Corporation ☐ Sole Proprietorship

Contact Name: _____

Title: _____

E-mail: _____

Name of Company: _____

Doing Business As: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____

Contact (for purposes of this report, if different from above)

Contact Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ E-mail: _____

GENERAL INSTRUCTIONS

1. All Transportation Companies are required by state law to complete and file an annual report.
By April 1, 2020, one electronic copy of this report should be submitted to the S.C. Public Service Commission email address AnnualReports@psc.sc.gov. In addition, one electronic copy should be retained by the Company. Filing this electronic copy with the S.C. Public Service Commission will satisfy the utility's responsibility for submitting an annual report as required pursuant to Commission regulations.
2. All forms are available in PDF format on the Office of Regulatory Staff's website at ors.sc.gov.
3. Where no information is available for an item in the report, "0," None, or Not applicable are appropriate responses.
4. Throughout this report, money items will be rounded to the nearest dollar.
5. Failure to comply with the submission of the annual report may result in fines and/or revocation of a Certificate of Public Convenience and Necessity.
6. Contact the Office of Regulatory Staff at (803) 737-0800 if you have questions about completing or filing this report.

ANNUAL REPORT

Income Statement: Year Ending December 31, 2019
(Household Goods & Hazardous Waste Only)

Company: _____

Date: _____

	<u>General Ledger Account #</u>	<u>Current Year Amount</u>
<u>Operating Revenues:</u>		
SC Regulated Authority		\$
Lease Carriers		\$
Exempt Operations		\$
Other Operations		\$
Total Revenue		\$
<u>Operating Expenses:</u>		
Salaries of Officers		\$
Salaries of Employees		\$
Operating Supplies		\$
Repairs		\$
Taxes & Licenses		\$
Insurance		\$
Utilities & Communications		\$
Depreciation		\$
Rent		\$
Interest		\$
Miscellaneous		\$
Total Operating Expenses		\$
Net Income		\$
Operating Ratio		\$
=(Total Expenses/Total Income)		

ANNUAL REPORT

Balance Sheet: Year Ending December 31, 2019
(Household Goods & Hazardous Waste Only)

Company: _____

Date: _____

<u>Account Type</u>	<u>General Ledger Account #</u>	<u>Current Year Amount</u>
<u>Assets:</u>		
Cash		\$
Receivables		\$
Real Estate		\$
Buildings & Equipment - Net		\$
Motor Vehicles - Net		\$
Garage Equipment - Net		\$
Machinery & Tools - Net		\$
Supplies on Hand		\$
Prepays and Other Assets		\$
Total Assets		\$
<u>Liabilities:</u>		
Accounts Payable		\$
Notes Payable		\$
Mortgages Payable		\$
Equipment Obligations		\$
Accrued Salaries & Wages		\$
Other Accrued Obligations		\$
Other Liabilities		\$
Total Liabilities		\$
<u>Equity:</u>		
Capital Stock		\$
Retained Earnings		\$
Total Equity		\$
Total Liabilities and Equity		\$

MISCELLANEOUS INFORMATION
(Household Goods & Hazardous Waste Only)

Company: _____ Date: _____

<u>Equipment Owned</u>	<u># Units Owned</u>	<u>Purchase Price of Units Owned</u>
Tractors		\$
Trailers		\$
Trucks (Pick-up & Delivery)		\$
Automobiles		\$
Service Trucks		\$
Other Types of Equipment		\$
Total Cost		\$

<u>Equipment Leased</u>	<u># Units Leased</u>	<u>Monthly Cost of Lease</u>
Tractors		\$
Trailers		\$
Trucks (Pick-up & Delivery)		\$
Automobiles		\$
Service Trucks		\$
Other Types of Equipment		\$
Total Cost		\$

	<u>Insurance Company</u>	<u>Policy Number</u>
Current BI & PD Insurer (Form E)		
Effective Date:		
Current Cargo Insurer (Form H)		
Effective Date:		

Certification

State of _____

County of _____

I, _____ of the

_____ Company

hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

Signature
Date